

Name
in
Full

Mitchell W. Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt. Vernon County Somerset

MARYLAND

Date of death 1909 Month Sept Day 9 Years 32 Months _____ Days _____

Sex Male Color or Race White Birth-place Somerset Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Alice Austin

Father's Name Igor M. Austin

Father's Birthplace Somerset Co

Mother's Maiden Name Virginia Fred

Mother's Birthplace Somerset Co

Name of person giving Information Schelby Austin

How related to deceased Brother

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

Immediate

Tremia

Unknown
2d hand

Are the name, age, sex, color, date and place correctly given above?

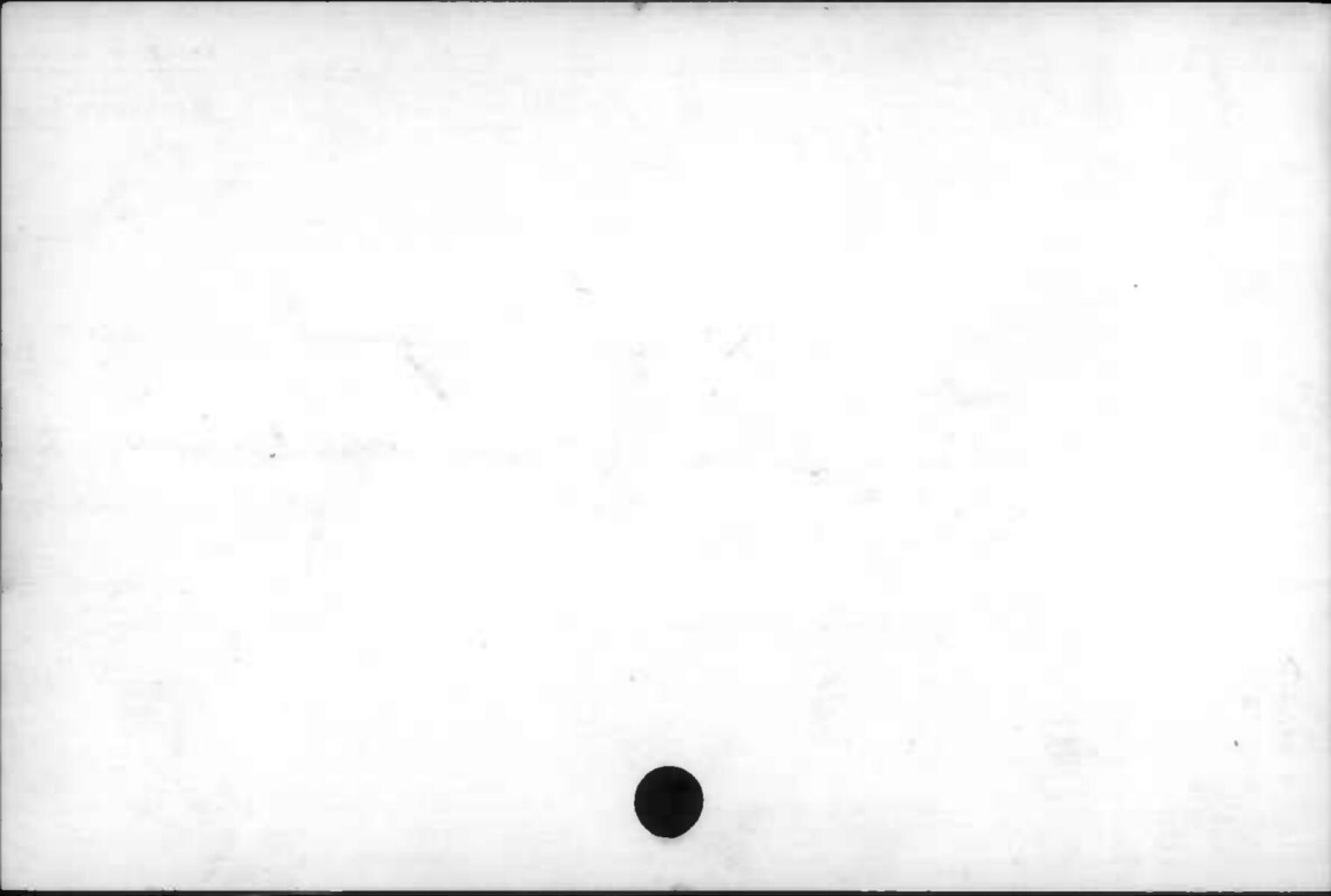
Signature of Physician

Address

H. T. Barnes, M.D.
Physician Attached
J. F. D. No. 2.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Marie E. Ballard.

CERTIFICATE OF DEATH

Died at <u>Westover</u>		County <u>Rosemont</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>12</u>	Years <u>46</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Md.</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Geo. H. Ballard</u>				
Father's Name <u>Kuhnman</u>				Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Seale</u>				Mother's Birthplace <u>Md.</u>	
Name of person giving information <u>Geo. H. Ballard</u>				How related to deceased <u>Husband</u>	

CAUSES OF DEATH

(HD) ✓

Primary	<u>Carcinoma of Liver</u>	How long <u>Several months</u>
Immediate	<u>Asthma</u>	How long <u>Progressive</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

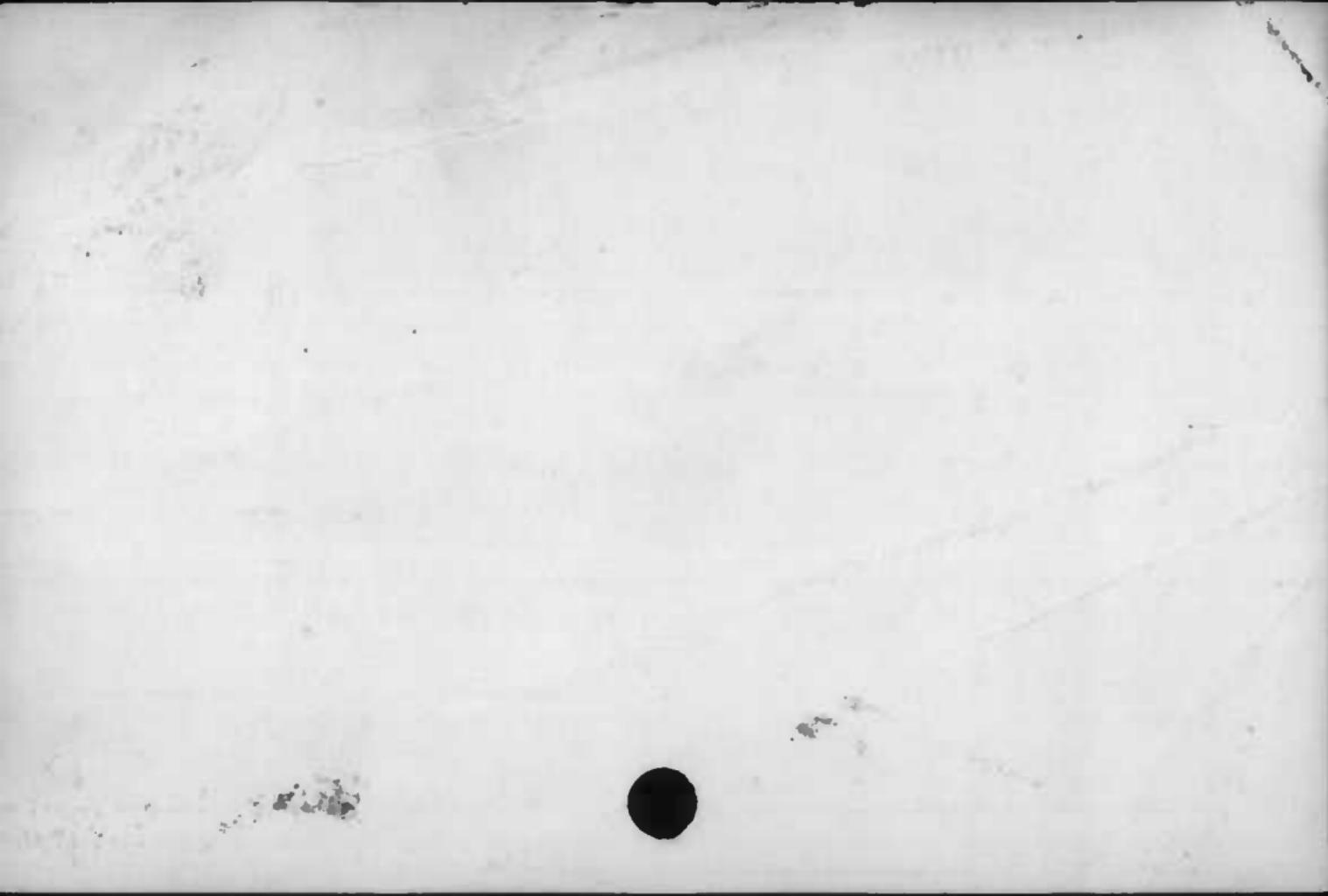
Signature of Physician

Chas T. Fisher, M.D.

Address

Princess Anne Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jelfie Brittingham

Died at Upper Fairmount, Somersb

Date of death 1909 Month Sept Day 20 Age 20 Months 5 Days 17

MARYLAND

Sex Female

Color or Race Black

Occupation None

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Infant

Name of Wife or
Husband

None

Father's Name

W.H. Brittingham

Father's Birthplace

Worcester Co.

Mother's Maiden Name

Maggie Brittingham

Mother's Birthplace

Fairmount Ward

Name of person giving
Information

W.H. Brittingham, Father

How related
to deceased

Father.

CAUSES OF DEATH

104

V

How long

Sick since both

How long

Primary

Stomach trouble

Immediate

Same

Are the name, age, sex, color, date
and place correctly given above?

Yes

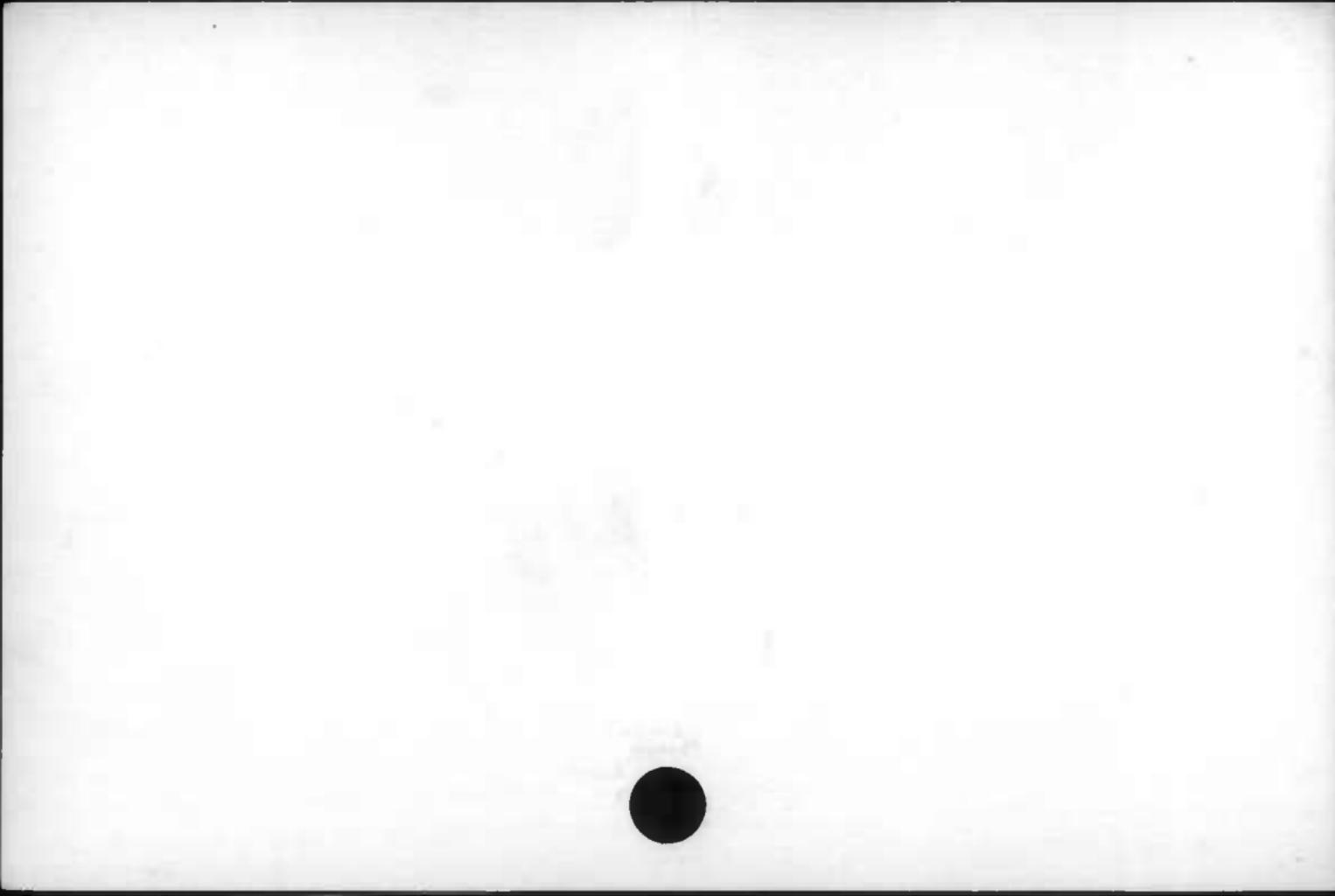
Signature of
Physician

Address

Jos. S. Landau
Landonville, Md
Sub. Reg.

Accident or Suicide

Hershey,



Name
in
Full

Elsie Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cresfield Town Somerset County
Date of death 1909 Month Sept Day 4 Age 24 Years — Months — Days —
Sex Female Color or Race White Birth-place Cresfield
Occupation House wife Where Residing if not at place of death
Married, Single or Widowed MARRIED Name of Wife or Husband Lee Ray Carson
Father's Name George Riggan Father's Birthplace Somerset
Mother's Maiden Name Gwynne Halland Mother's Birthplace Somerset
Name of person giving Information George Riggan How related to deceased Father

CAUSES OF DEATH

130

How long

Primary

Pelvis abscess 4 weeks

Immediate

Shock palpitation 5 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G E Ballou
Cresfield

Accident or Suicide



Name
in
Full

Wommer Coevis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	✓	
Father's Name	Vaniel Coevis	Father's Birthplace	✓ and
Mother's Maiden Name	Lucinda Boerond	Mother's Birthplace	✓ and
Name of person giving Information	Frank Coevis	How related to deceased	Family ✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pooleysis

63

How long

one week

Immediate

Asthmico

How long

" day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

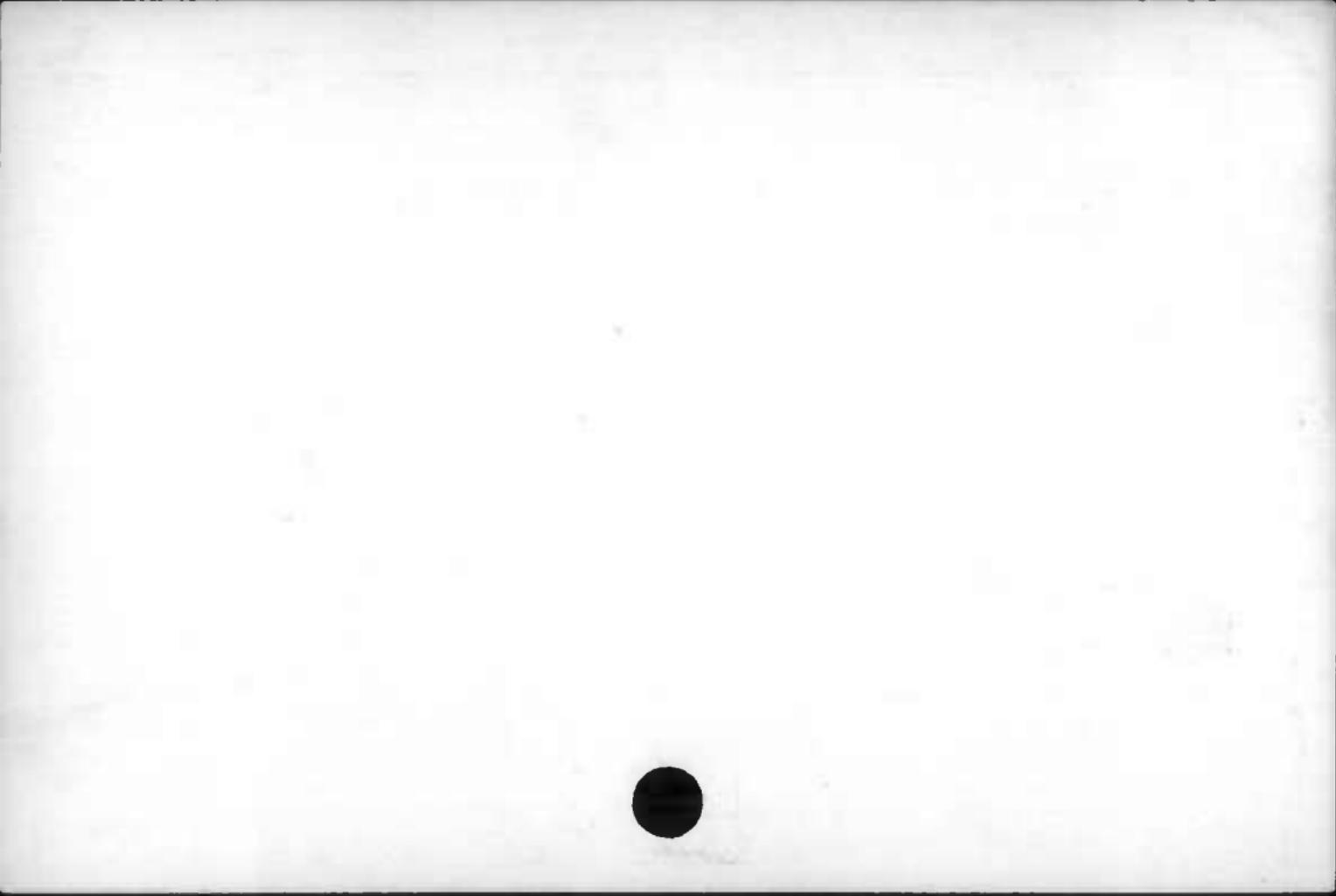


Address

Accident or Suicide

Dr. Fisher

Burnett Ave
and



Name
in
Full

Janie Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	Lawsonia	Somerset			
Date of death	1909	Month Sept.	Day 9	Years one	Months 5
Sex	Female	Color or Race	White	Birth-place	Lawsonia
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George T. Cullen				
Mother's Maiden Name	Josie Love				
Name of person giving Information	Jas. T. Cullen				

PHYSICIAN
OR CORONER



Primary

Bronchitis

CAUSES OF DEATH

105



How long

6 mos.

Immediate

Stomatitis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

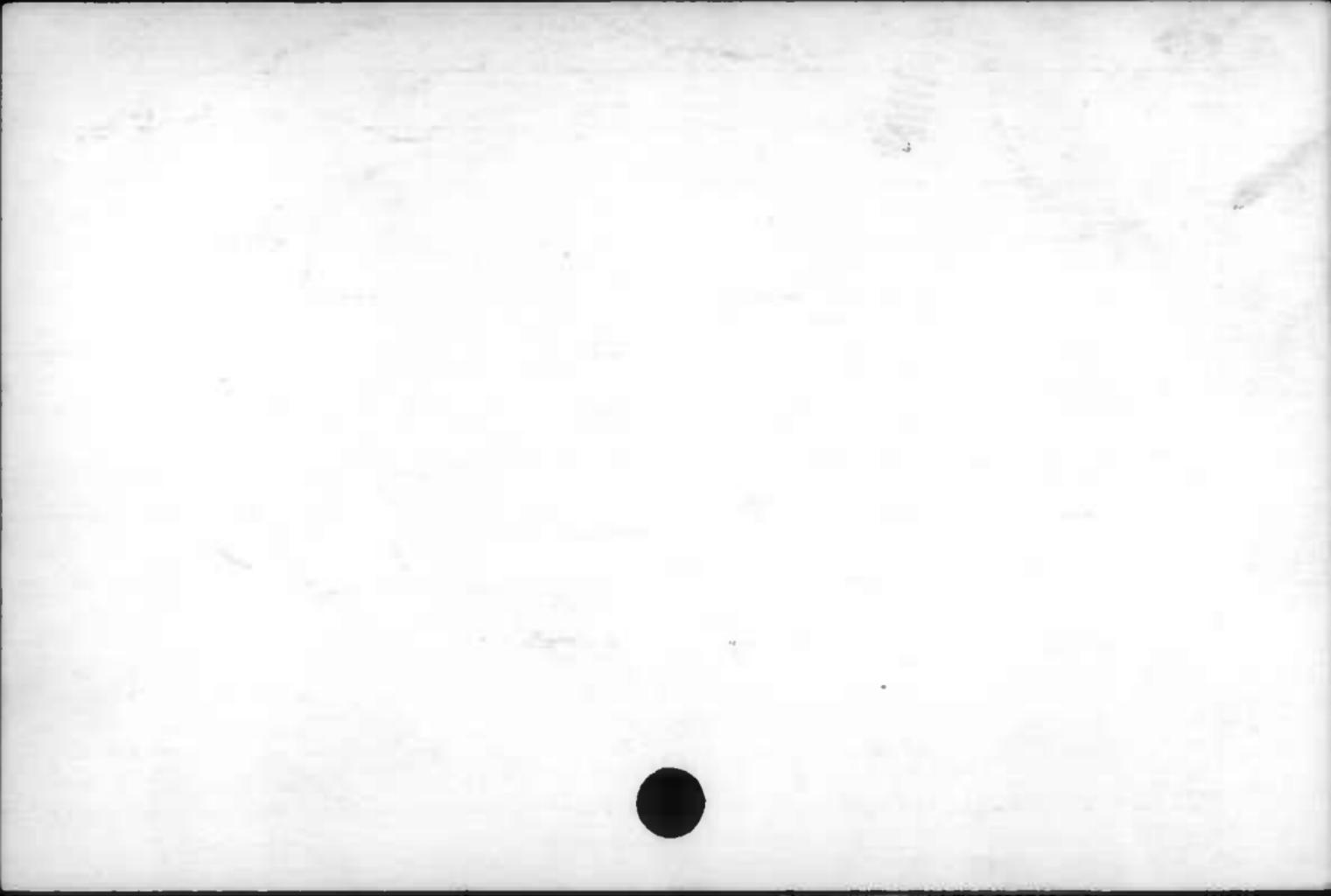
Signature of Physician

Address

J. George Crisfield
Md

Accident or Suicide

Neither



Name
in
Full

Edith Lorraine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		place		Birth-place		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Hannah D. Green			Father's Birthplace			
Mother's Maiden Name	Kathy Rose			Mother's Birthplace			
Name of person giving Information	Ben Baker			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Laryngeal Diphtheria

9

✓

How long

2/2 days

Immediate

Anæsthesia

How long

Unknown

Are the name, age, sex, color, date and place correctly given above?

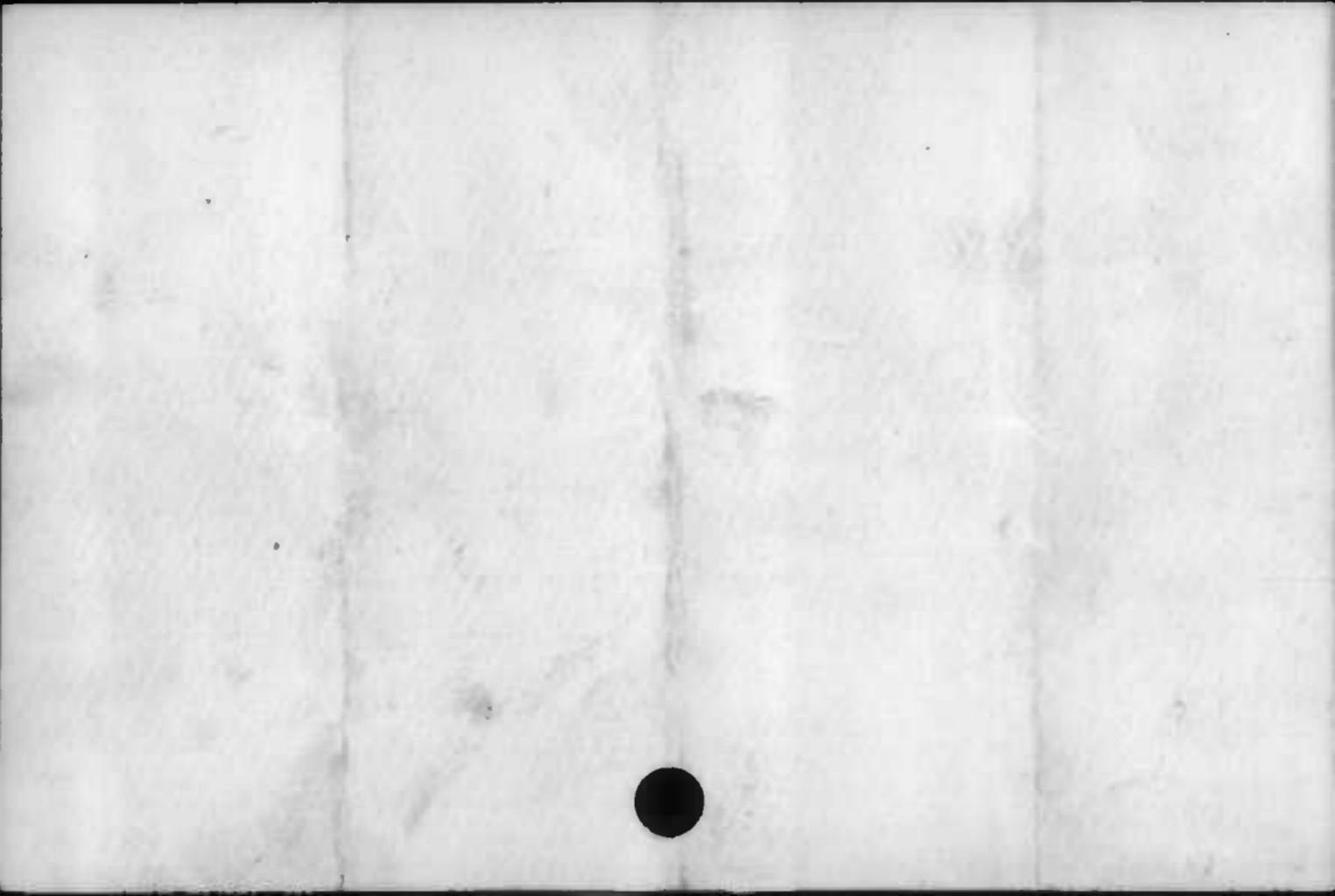
Signature of Physician

Edith Lorraine

Address

Princess Anne Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Susan Hall

Died at Mt. Vernon

Town

Date of death

1909

Month

Sept

Day

24

County

Somerset

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Age 65 Years

Sex

Female

Color or Race

Colored

Birth-place

Somerset Co.

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

William Hall

Father's
Name

Unknown (Slave)

Father's
Birthplace

Mother's
Maiden Name

Hillie Anderson

Mother's
Birthplace

Name of person giving
Information

Bennie Barclay

How related
to deceased

Unknown

Unknown

Daughter in law

CAUSES OF DEATH

Primary

Chronic nephritis

120

How long

Immediate

Heart failure

2 years

Are the name, age, sex, color, date
and pleca correctly given above?

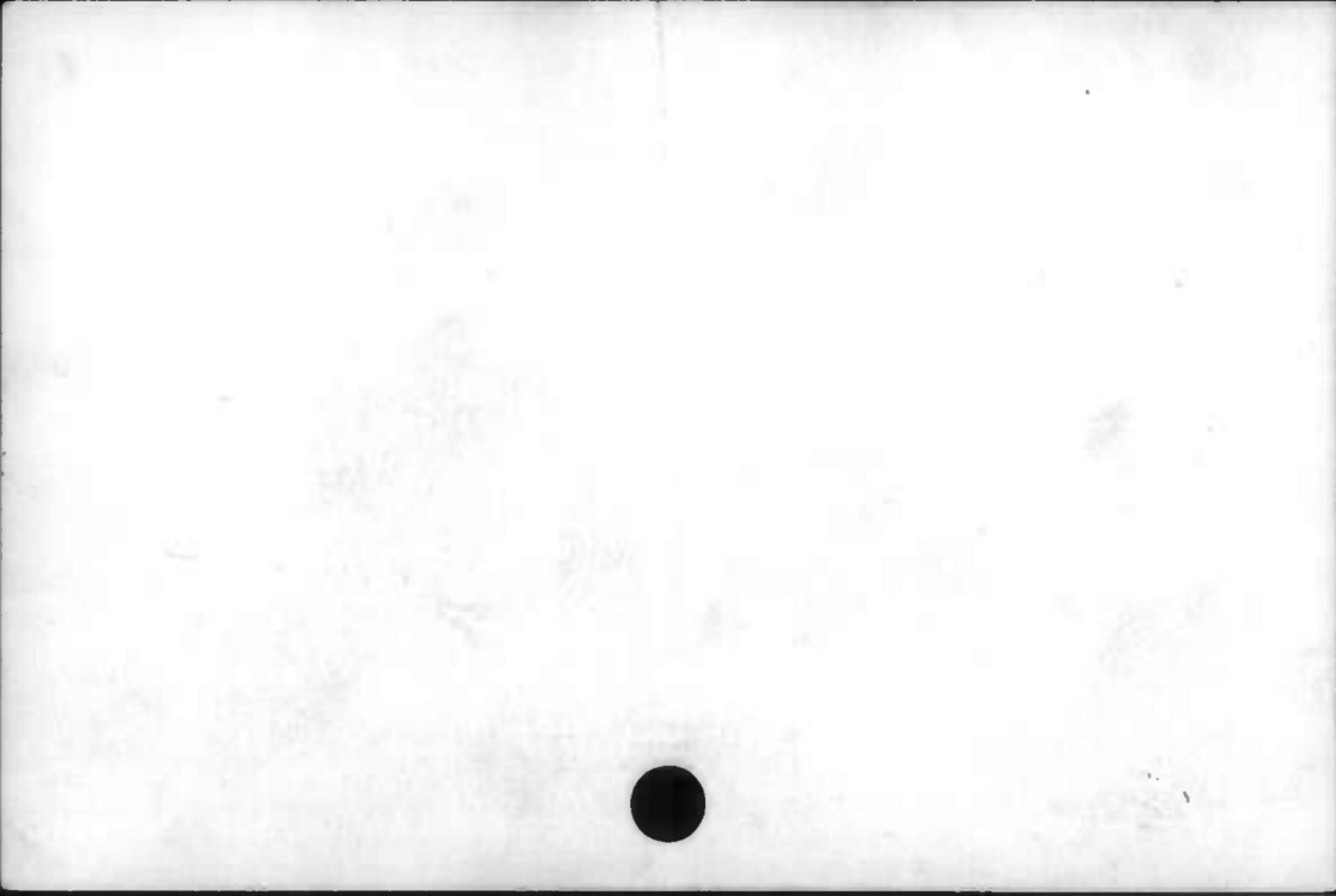
Yes

Signature of
Physician

Address

H. Barnes M.D.
Trickey's Annex Md
P.T.D. No. 2,

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth A. Johnson

Died at Mt. Vernon Somerset County

Date of death 1909 Month Sept Day 24 Age 77 Years

Sex Female

Color or Race

White

CERTIFICATE OF DEATH

MARYLAND

Montha

Deyd

Montha

Birth-place

Somerset Co.

Occupation Housework

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Miliana Johnson

Father's
Name

Charles Marsh

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Charity Barnes

Mother's
Birthplace

Baltimore

Name of person giving
Information

Jacob Norton

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Aphoplexy

64

How long

✓

How long

John

Immediate

Yes

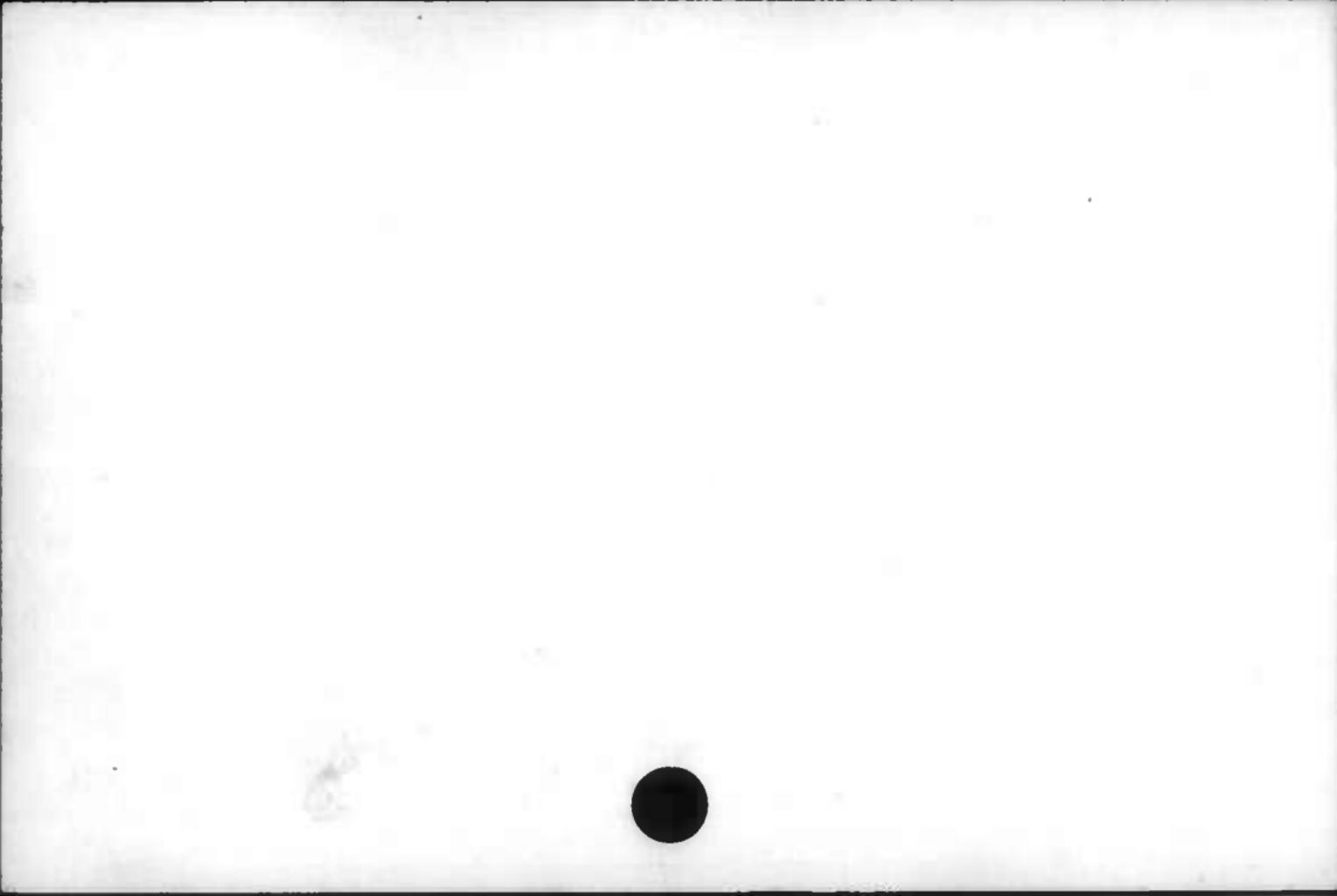
Signature of
Physician

Address

H.A. Barnes MD
Apotheosis Home MD
R. J. No. 2.

9

Accident or Suicide



Name
in
Full

Oliver Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Date of death 1909	Month Sept	Day 21	Years	Months	Days
Sex male	Color or Race colored	Birth-place	Baltimore, Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORONER

Primary

Ch. G. Iritis

How long

Immediate

Aspergilloma

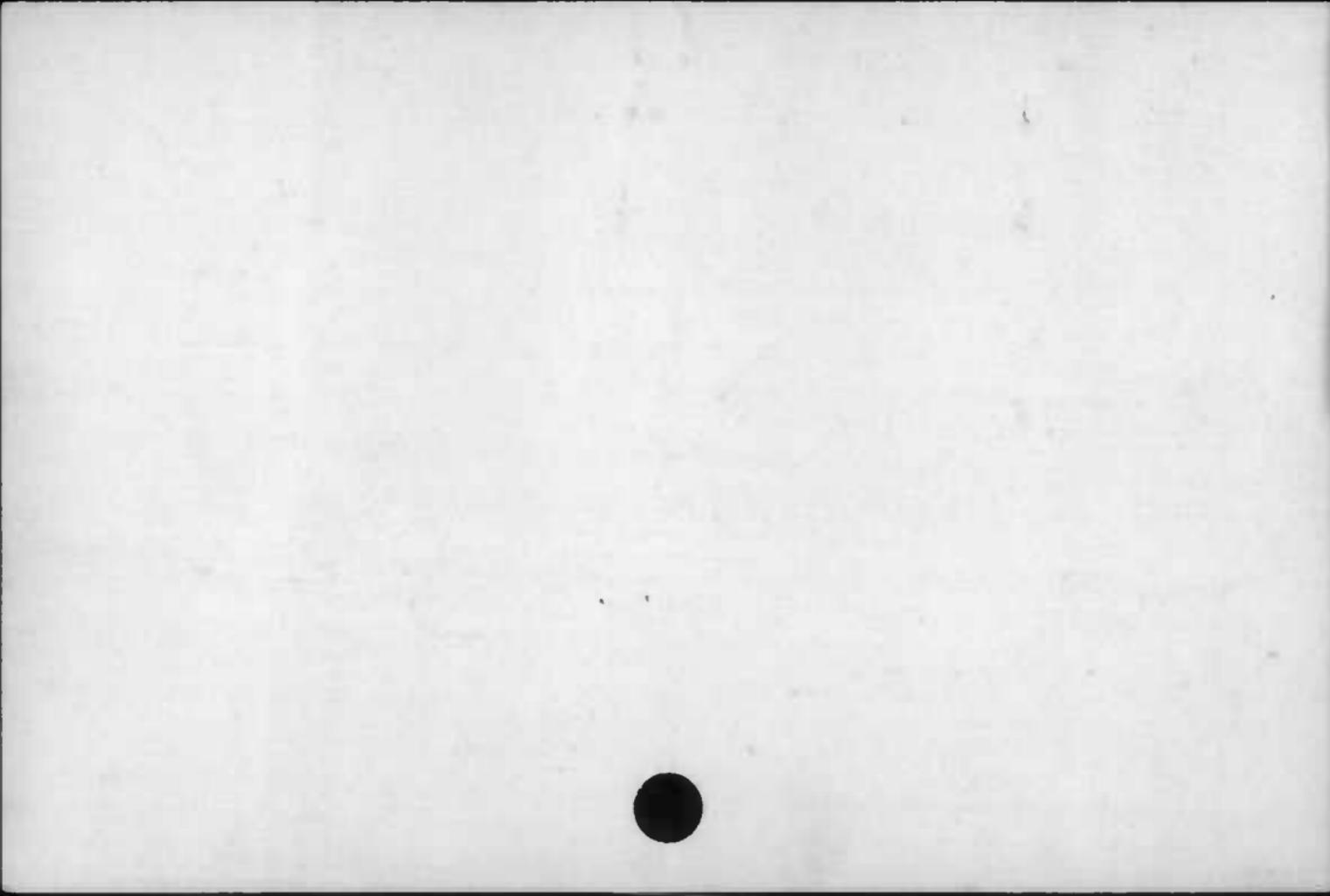
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

William F Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Princess Anne County

Town Month Day Years Months Days
Died at 1909 9 8 Age 47 — —

Sex Male Color or Race White

Birth-place Somerset Co.

Occupation

Farmer & Post Master

Where Residing if not
at place of death

Somerset Co Md

Married, Single
or Widowed

Married Name of Wife or
Husband

Emma Hargis

Father's Name Benj F. Lankford

Father's Birthplace Somerset Co.

Mother's Maiden Name

Amanda Porter

Mother's Birthplace Somerset Co

Name of person giving
Information

Chas. W. Wainwright

How related
to deceased Not at all

Primary

CAUSES OF DEATH

Brain Pressure

8 years

Immediate

Heart Disease

8 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

2 days

PHYSICIAN
OR CORONER

Signature of
Physician

Address

Chas. W. Wainwright

Princess Anne

Md.

Accompanied by



Name
in
Full

Frances Longs Dailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Princess Anne		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909 Sept.	Sept.	24	At birth	—	—	
Sex	Male	Color or Race	White	Birth-place	Princess Anne	
Occupation	Where Residing if not at place of death			—		
Married, Single or Widowed	Name of Wife or Husband			—		
Father's Name	Frank Long			Father's Birthplace	Somerset Co	
Mother's Maiden Name	Mary Wilson			Mother's Birthplace	Somerset Co	
Name of person giving information	Frank Long			How related to deceased	Father	

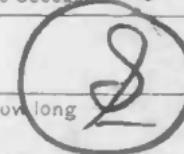
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born died

How long



Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

M W Gascooky &

Address

Princess Anne



Accident or Suicide?



Name
in
Full

Isaac Francis Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Powers Ave</u>		County <u>Damascus</u>		MARYLAND	
Date of death <u>1909 Sept</u>	Month <u>Sept</u>	Day <u>19</u>	Years <u>-</u>	Months <u>2 1/2</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>med.</u>			
Occupation <u>-</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>	Name of Wife or Husband				
Father's Name <u>Isaac H. Matthews</u>	Father's Birthplace <u>med.</u>				
Mother's Maiden Name <u>Sallie C. Pollitt</u>	Mother's Birthplace <u>med.</u>				
Name of person giving Information <u>I. H. Matthews</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

93

✓

How long

5 wks.

How long

Progressive

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

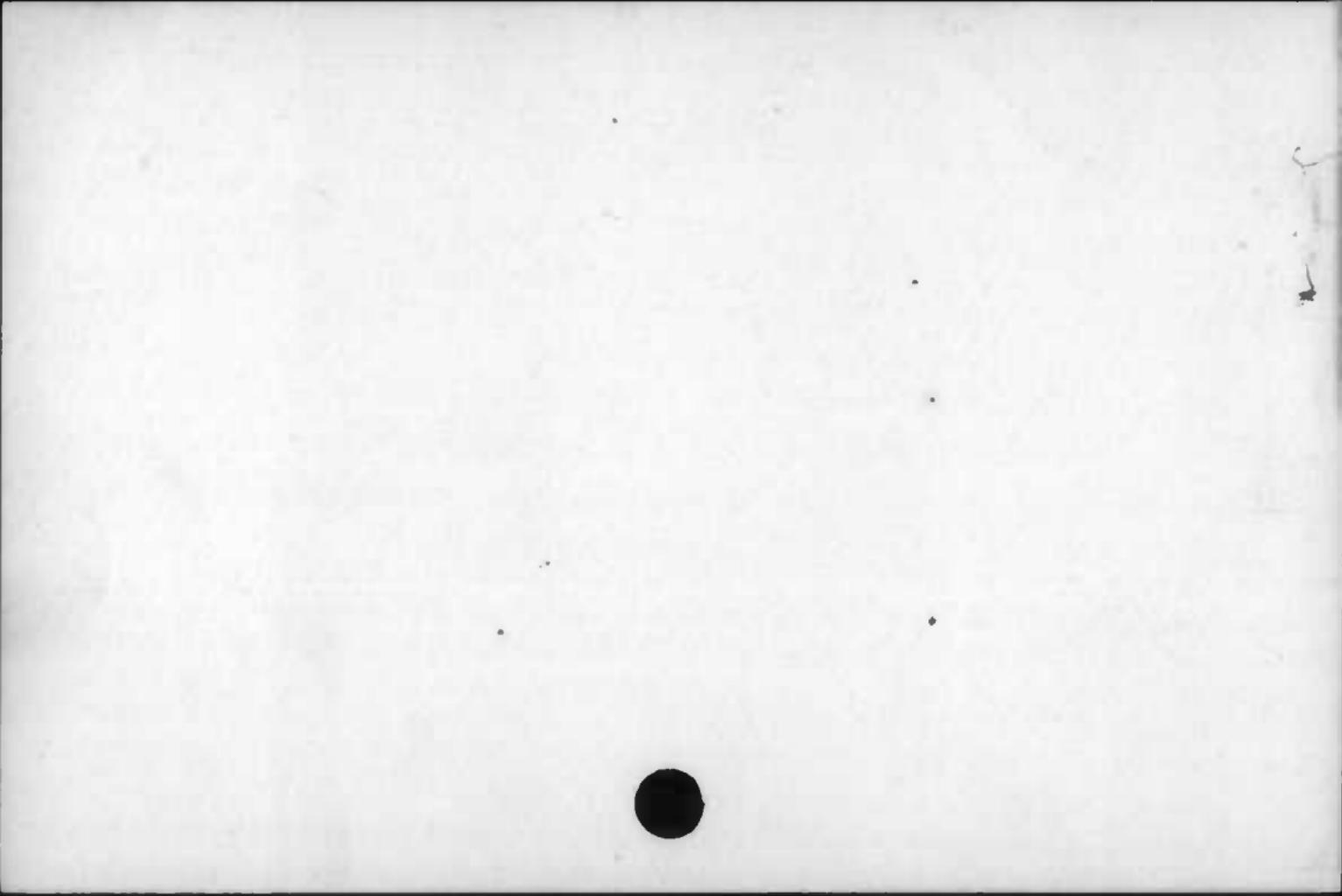
Oliver T. Fricker, M.D.

Address

Oliver T. Fricker, M.D.

Princess Anne, Md.

Accident or Suicide?



Name
in
Full

Lena Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Crosfield Month County MARYLAND
Date of death 1909 Sept 27 Year Months Days
Sex Female Color of Race Birth-place
Occupation Handwork Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Thomas Miles
Father's Name Samuel Miles Father's Birthplace Md
Mother's Maiden Name Rosa Horsley Mother's Birthplace Md
Name of person giving Information Rosa Miles How related to deceased
Information

Primary

CAUSES OF DEATH

Child birth

Immediate

Exhaustion,

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

Address

you



W F Stael
Crosfield
Md

140

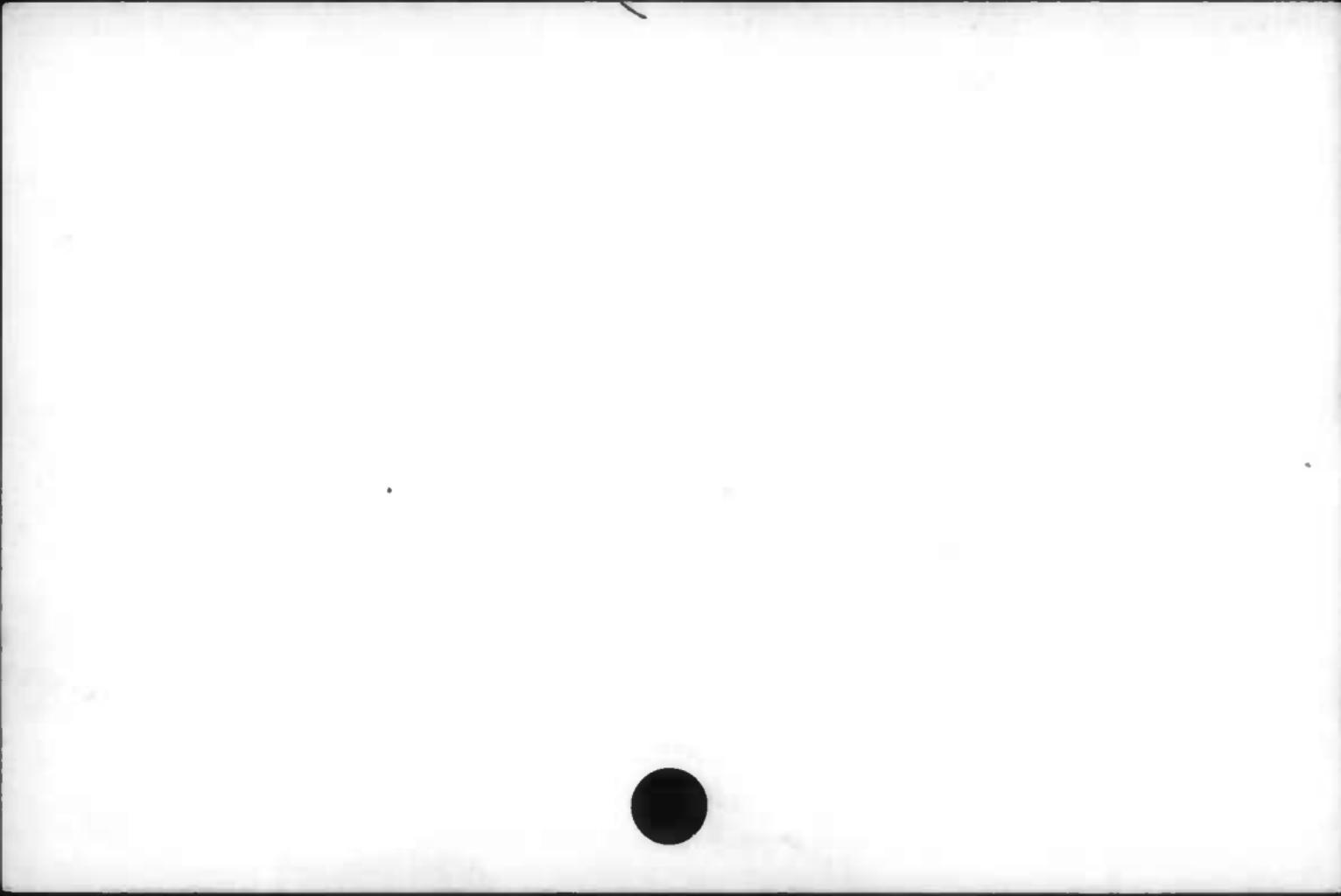
✓

How long

1/2 hour

How long

—



Name
in
Full

Mariah Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town Crisfield County Somerset MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

190

Month

9 Sep 24

Day

Age 77

Sex

Female

Color or
Race

Black

Birth-
place

Crisfield

Occupation

Home work

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Jacob George E.

Father's
Name

Lewis Parker

Father's
Birthplace

Don't know

Mother's
Maiden Name

Rachel Sterling

Mother's
Birthplace

Don't know

Name of person giving
Information

Auranda Miller

How related
to deceased

Daughter

CAUSES OF DEATH

119

How long

Primary

Senile

How long

Immediate

Acute nephritis 5 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

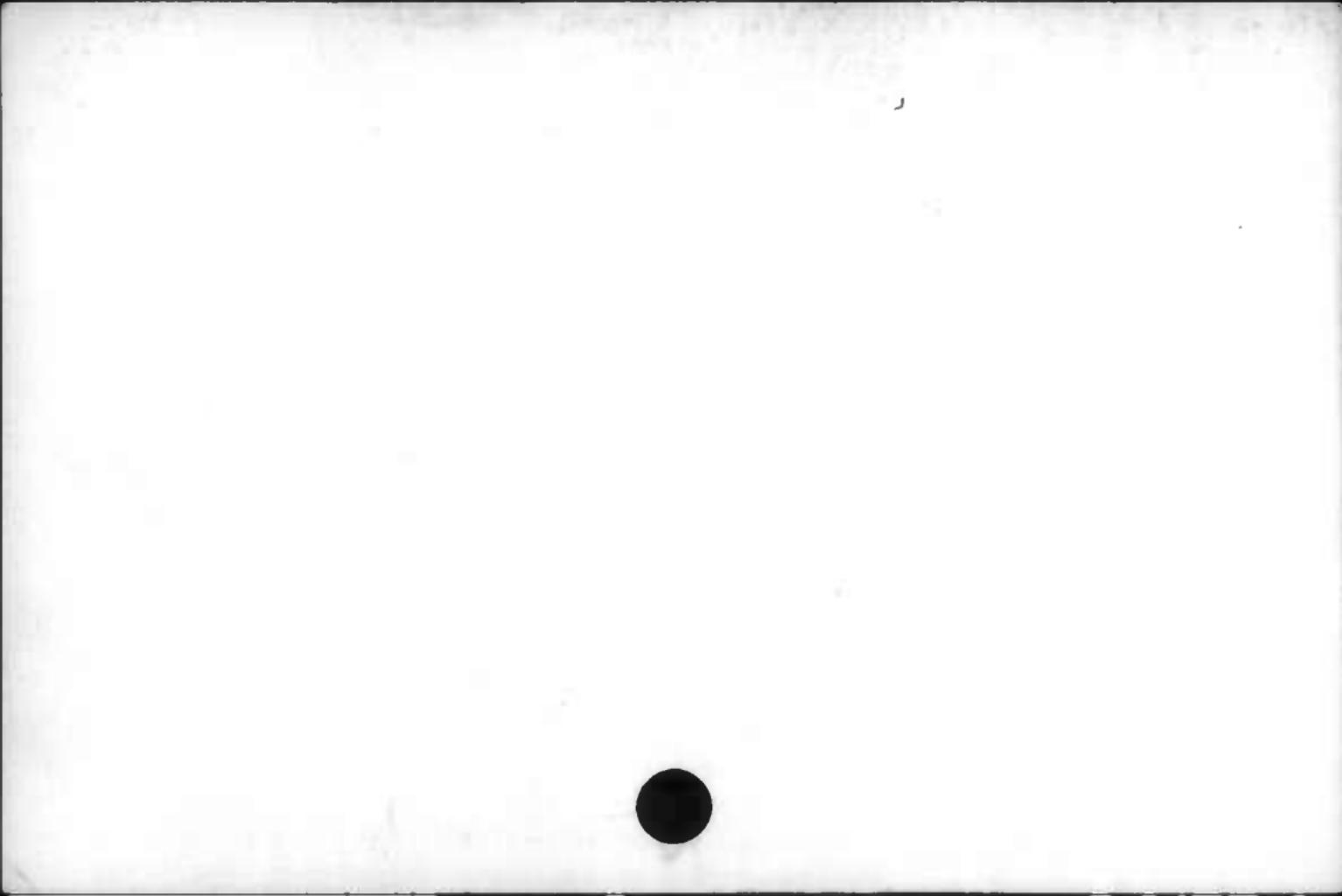
Signature of
Physician

Address

C. E. Gallion
Crisfield, Maryland

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary W. Parks.

CERTIFICATE OF DEATH

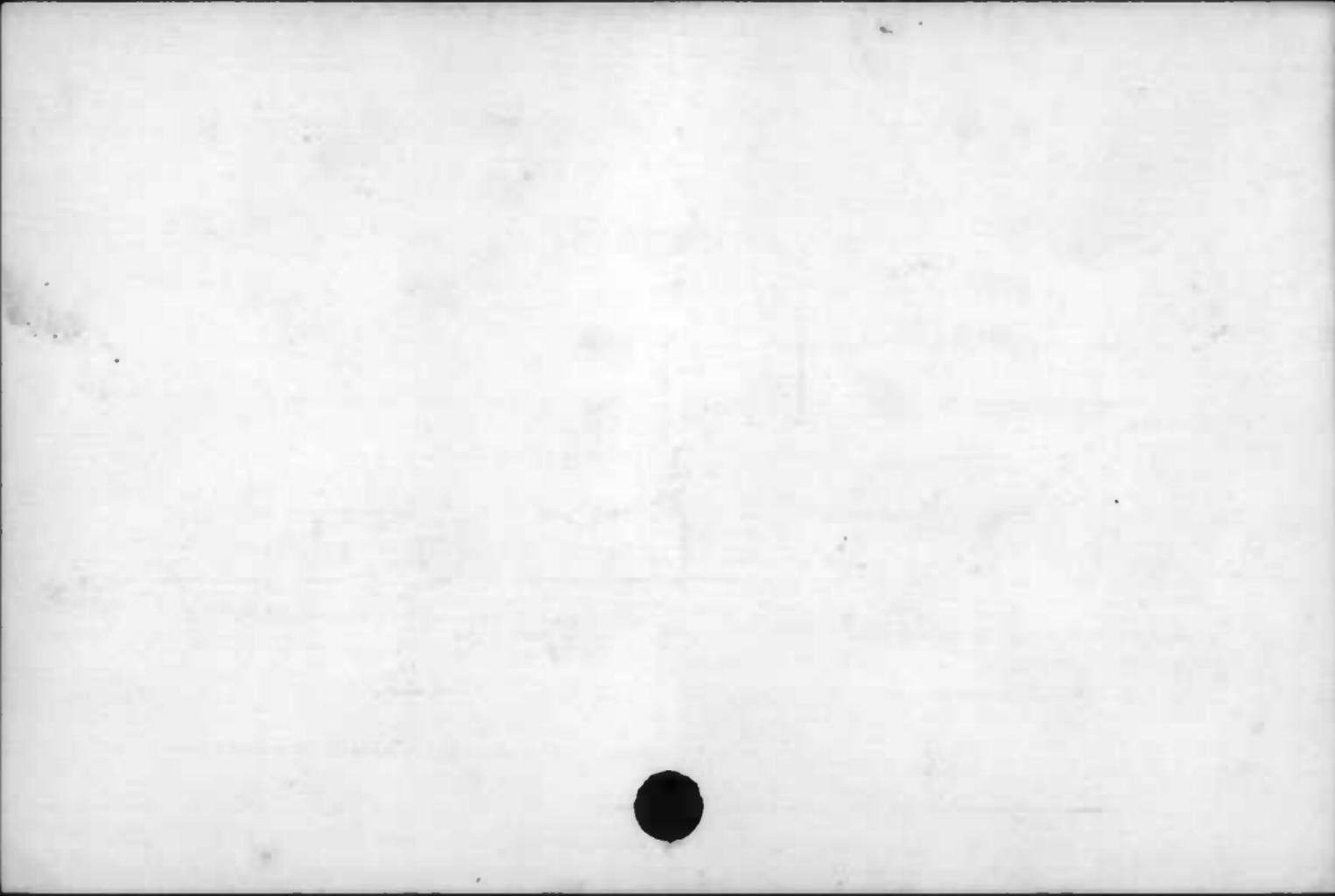
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Town	County		MARYLAND	
Died at Fairmount	Somerset			
Date of death 1909 Sept.	Month	Day	Years	Months
	13		72	00
Sex Female	Color or Race	Age	Birth-place	Days
	White	72	Somerset	2nd
Occupation Housewife	Where Residing if not at place of death at house			
Married, Single or Widowed Married	Name of Wife or Husband	Mary W. Parks.		
Father's Name Solomon Parks.	Father's Birthplace Somerset			
Mother's Maiden Name Mary Parks	Mother's Birthplace			
Name of person giving information Fwm. C. Parks	How related to deceased Husband			

CAUSES OF DEATH

154 ✓

Primary Complication of disease	12 months
Immediate General debility	2 or 3 months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. S. Miles
yes	Address 1715 Franklin
Accident or Suicide? ✓	Somerset Co. Md.



Name
in
Full

Ollie Ashton Fayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Marionville City Worcester Days
Month Day Years Months Days

Date of death 1909 Sept 30 Age 15 m

Sex Male

Color or Race

white

Birth-place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John S. Fayne

Father's
Birthplace

Md.

Mother's
Maiden Name

Jennie B. Johnson

Mother's
Birthplace

Md.

Name of person giving
Information

Jennie B. Fayne

How related
to deceased

Mother

PHYSICIAN
OR CORONER

Primary

Tuberculosis

CAUSES OF DEATH

Immediate

Schistosomiasis

74

How long

5 days.

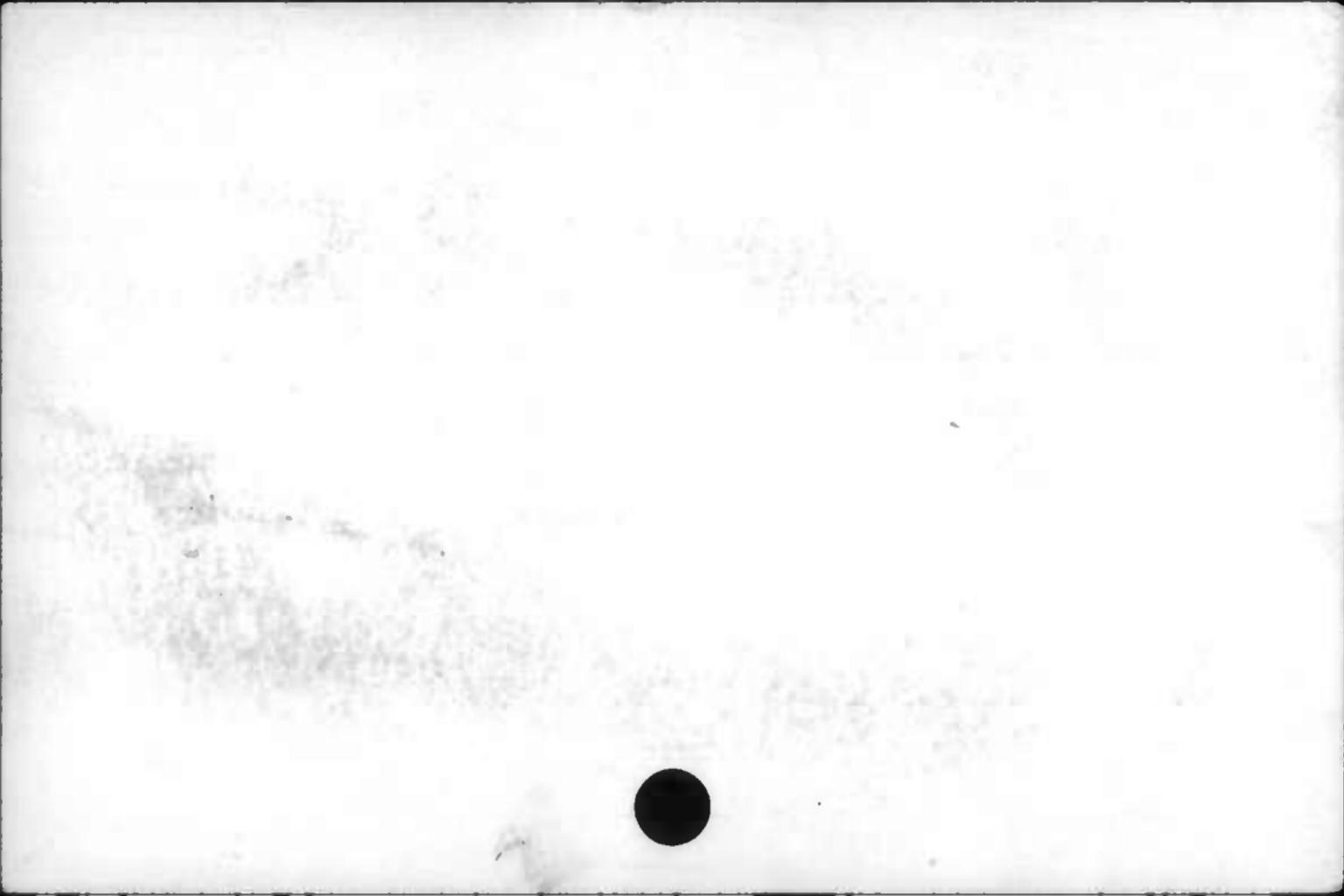
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Wilson
Marionville City

Accident or Suicide



Name
in
Full

Emma G Shores.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Wenona	Month	Year	Months	Days	
Date of death	1909	9	27	Age	38	
Sex	Female	Color or Race	white	Birth-place	Wenona ^{Md}	
Occupation	House wife			Where Residing if not at place of death	Somerset Co., Wenona Md.	
Married, Single or Widowed	married	Name of Wife or Husband	Barney G Shores.	Father's Birthplace	Deals Island	
Father's Name	Eugene W. Curtis			Mother's Birthplace	Unknown	
Mother's Maiden Name	Adeline Gibson			How related to deceased	Husband	
Name of person giving Information	Barney G Shores					

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Fallen by tuberculosis

Accident or Suicide

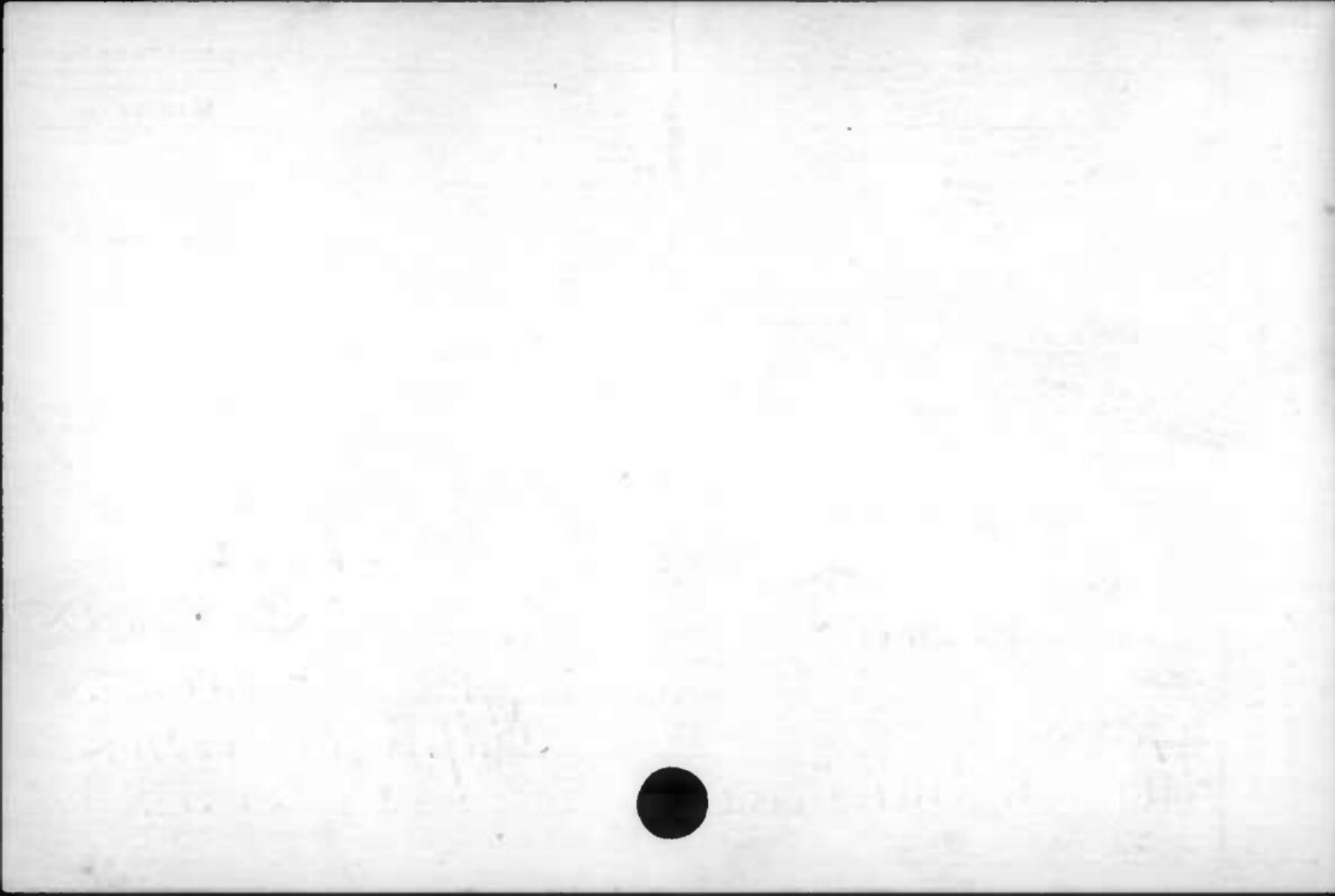
27

How long

How long

3 years

4 months



Name
in
Full

Mary A. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town New Crisfield County Somerset
Date Month Day Years Months Days
of death 1909 Sept 15 Age 87 - -
Sex Female Color or Race Black Birth-place Md
Occupation Housework Where Residing if not
at place of death

Married Single
or Widowed

Name _____ or
Husband

Father's
Name

Don't know

Father's
Birthplace

Unknown

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Unknown

Name of person giving
Information

Geo. W. Sterling

How related
to deceased

Son

CAUSES OF DEATH

Primary

old age

154

✓

How long

Immediate

one year

Are the name, age, sex, color, date
and place correctly given above?

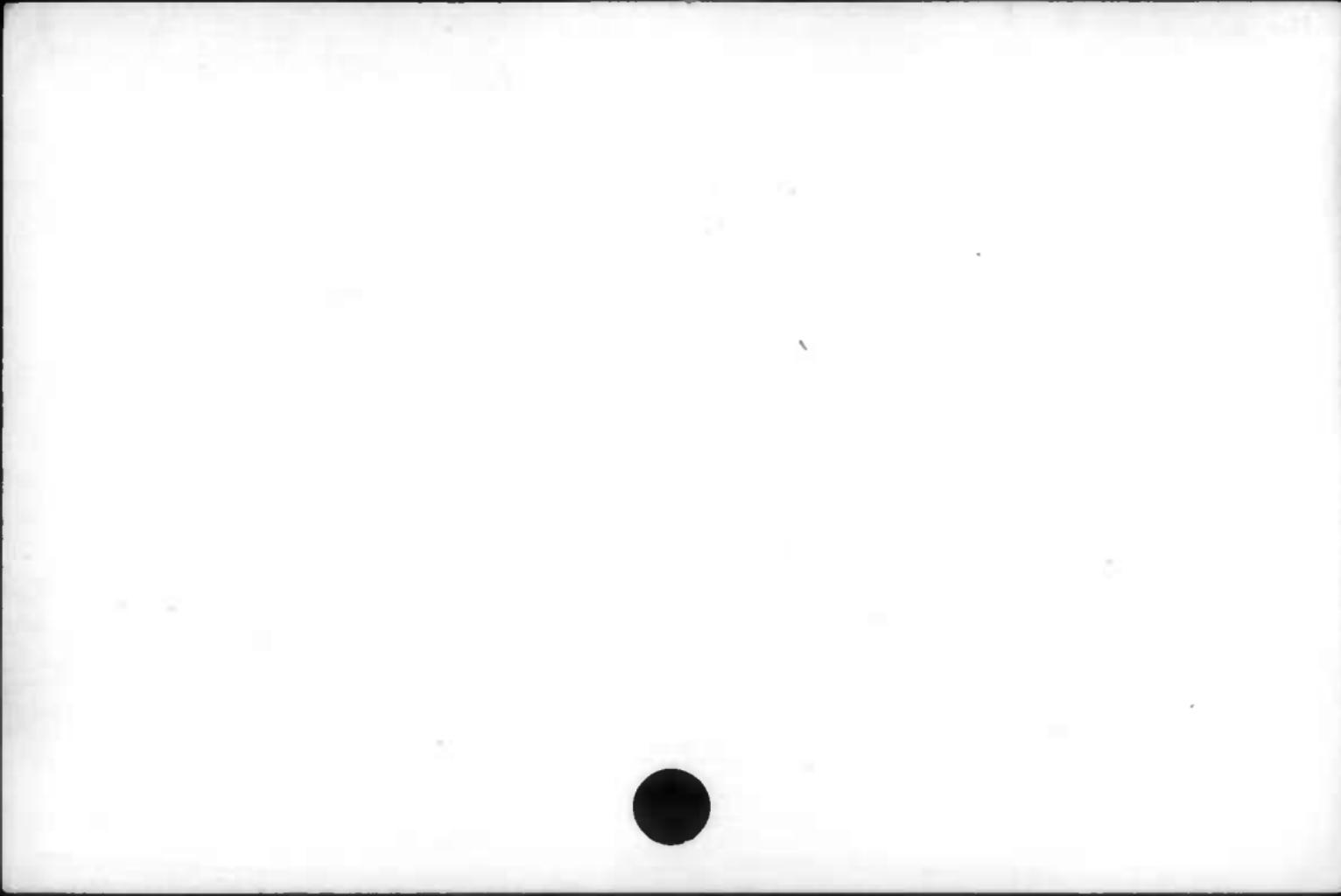
Signature of
Physician

Address

None
S. H. Esmond
Sub Registrar

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Clearence Horatio Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Deal Island Somerset
Town Month Day County

Date of death 1909 Sept 26th Age 33 Months Days

Sex Male Color or Race white Birth-place Maryland,

Occupation Waterman Where Residing if not at place of death Deal Island, Md.

Married, Single Married Name of Wife or Husband Rosa Fields

Father's Name Horatio Webster Father's Birthplace Maryland,

Mother's Maiden Name Cleona Jones Mother's Birthplace Maryland

Name of person giving Information Rosa Webster How related to deceased wife

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

CAUSES OF DEATH

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Filled by Mortician

Accident or Suicide

27

How long

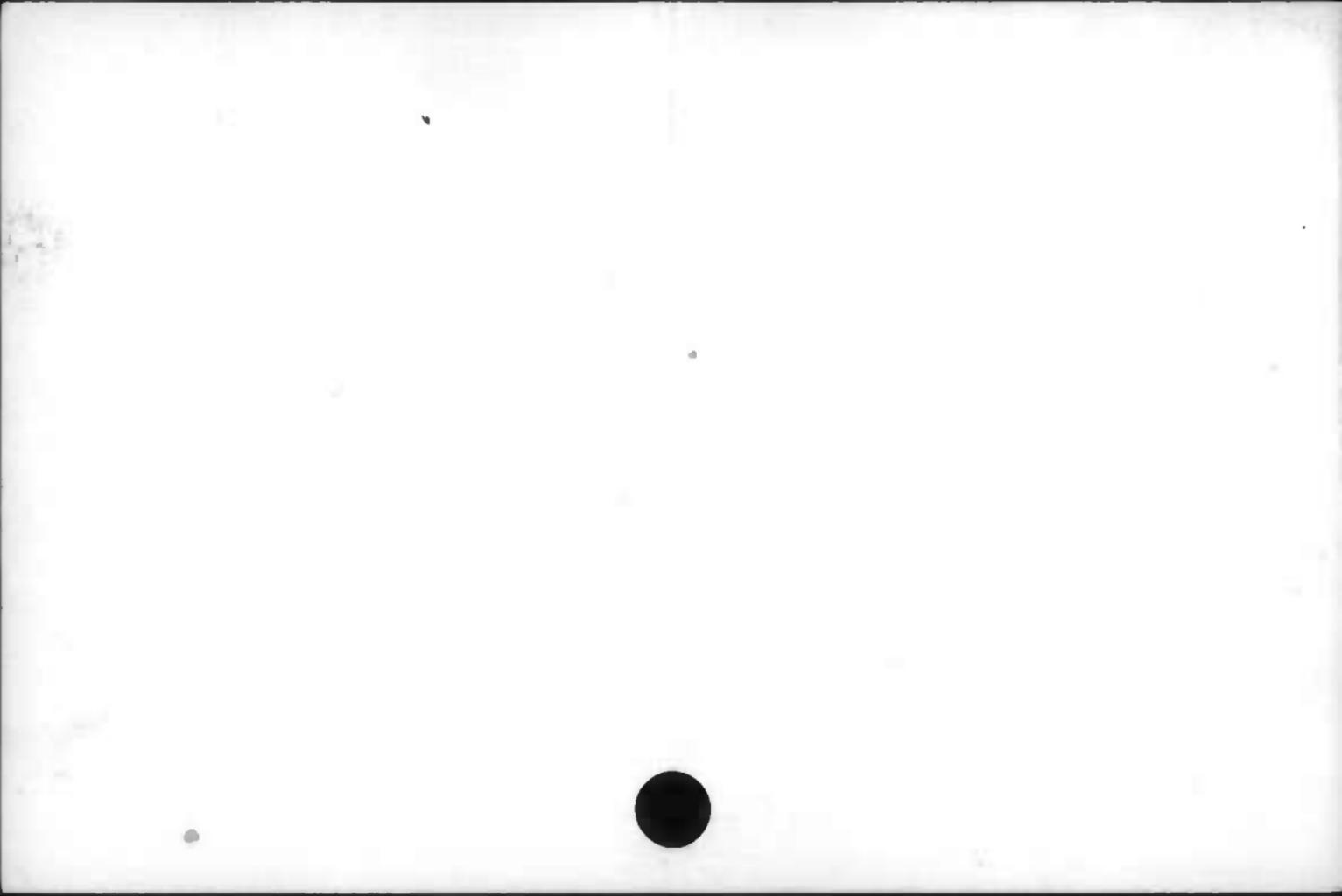
2 years

How long

2 months

1 fly. Alexander

Somerset Co.



Name
in
Full

Hansen Lee Wooster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	own town	County	MARYLAND
Date of death	Month	Day	Month
1909 Sept 1			6
Sex	Age	Years	Days
Male			
Occupation	Color or Race	Birth-place	Death-place
	White	Somerset Co	Somerset Co
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Hansen M Wooster	Westover	Westover
Mother's Maiden Name	Luna M. Wooster	Westover	Westover
Name of person giving Information	H. M. Wooster	Father	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Cholera Infantum

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How related
to deceased

105

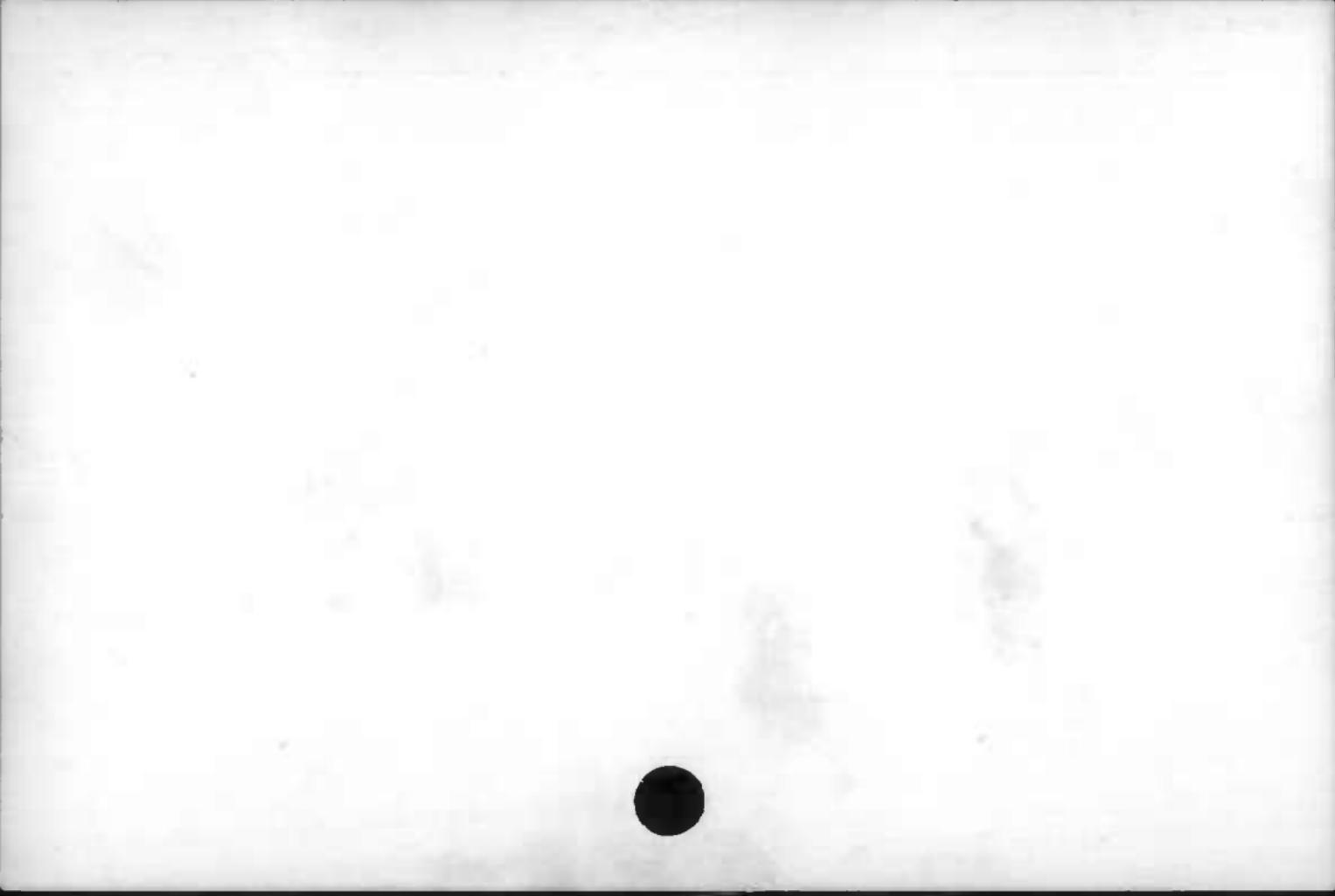
How long

How long

Anxious

D. J. O. Truett M.D.
Poemore Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Mt. Ephraim</u>		Town <u>Somersett</u>	County	MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>16</u>	Age <u>79</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Maryester Co.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rosa Young</u>	Father's Birthplace <u>England</u>			
Father's Name <u>Nicholay Young</u>	Mother's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Son</u>				
Name of person giving Information <u>Charles Young</u>					

CAUSES OF DEATH

Primary

General debility & old age

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

154

How long

How long

1 monthH.A. Barnes
Princess Anne Md
P.V.D. No. 7.

Accident or Suicide

